

DSS Number:

DSS-105
Rev. (3/90)

COMMONWEALTH OF KENTUCKY
CABINET FOR FAMILIES AND CHILDREN
DEPARTMENT FOR COMMUNITY BASED SERVICES

BIRTH RECORD - MEDICAL INFORMATION

DSS No.

County

PLEASE PRINT OR TYPE

1. Birth Mother: (Name, Birthdate, Race) , ,
2. History of Pregnancy Date of Delivery
3. Duration of Pregnancy weeks.
4. Number of Pregnancies
a. Number of abortions Type of abortion
b. Number of living children
5. Medical History
Diabetes Epilepsy
Infections German Measles
Other
6. Medication during pregnancy (include over-the-counter drugs and vitamins)
7. Drug/alcohol history
8. Laboratory Results
CBC VDRL
RH Factor Gonorrhea
Other
9. Labor and Delivery
Duration of Labors Hours
Medication during labor
10. Delivery position
Episiotomy Forceps
Cesarean Section
Discharge Summary:

Physician

Hospital

CHILD'S BIRTH RECORD

II. Child: Name Sex
Date of Birth Time Weight lb. oz.
Measurements: Length Head Size Chest Size
Full Term Premature by Weeks? or Weight?
Mother's health during pregnancy:
☐ Good ☐ Poor ☐ Unknown

Comments

Delivery in:

☐ Hospital ☐ Home ☐ Other

Abnormal, if abnormal, explain

APGAR

Complications:

☐ Jaundice ☐ Apnea ☐ Other (Explain)

Oxygen therapy: Type Length of Time

Amount Administered

Anomalies or Injuries

Cord Serology

RH Factor

PKU

Date

Medication and/or Treatment

☐ Circumcised

Weight and condition at time of release

Formula

Feeding Pattern Amount

Frequency

☐ Infant went home with mother

Discharge Summary:

(Physician)

(Hospital)

Please Return to:

Worker's Signature

Address: